

## Instruction

In Cell Z3, enter county remittance advice number: CO + County number + four (4) digit number sequence.

*Example:* CO 010001      **DO NOT** duplicate remittance advice number.

In cell X6 and Z6 respectively, Enter name of county and county number. See Manual of Accounting and Audit Guidelines for Trial Courts for county number

*Example:* Alameda - 01

In cell X7 and Z7 respectively, enter month and year. **REMIT ONLY ONE MONTH PER FORM.**

Do **NOT** use space marked "State Controller's Use Only."

Enter amount of collection of the corresponding line of coding.

If coding is not listed on either sheet for money being remitted, enter amount, section number and short description on a blank line.

Each sheet will automatically total. **NOTE:** If more than one remittance advice form is needed to report collections being remitted, total each remittance advice form individually. However, one county warrant may be issued for 2 or more remittance advice forms.

Enter official title of person certifying report. Form must be signed by an authorized individual. Original signature required for the original copy.

Enter current date.

Enter name, title, and phone number of the contact person.

Print form using the Print Macro buttons provided at the top of each page.

Sign form and make 2 copies.

Send ORIGINAL and DUPLICATE of each set along with check or warrant to:

**State Treasurer**  
**Cash Management Division**  
**P.O. Box 942809**  
**Sacramento, CA 94209-0001**

Retain TRIPLICATE for your records.

### GENERAL NOTES

Form CA 25 (Report to State Controller of Remittance to State Treasurer TC-31) **MUST** be used whenever a remittance is made to the State Treasurer.

All Counties are required to remit monthly to the State Treasurer, in accordance with Government Code Section 68101.

Additional forms may be obtained from the State Controller's Office, Division of Accounting & Reporting.

Refer to the State Controller's Manual of Accounting and Audit Guidelines for Trial Courts for additional information.

CO#	MONTH

REMITTANCE ADVICE NUMBER
CO _ _ _ _ _

KATHLEEN CONNELL, CALIFORNIA STATE CONTROLLER

REPORT TO STATE CONTROLLER OF REMITTANCE TO STATE TREASURER - TC 31

COUNTY NAME - NUMBER: \_\_\_\_\_ - \_\_\_\_\_

COLLECTIONS FOR THE MONTH OF (Mo / Yr): \_\_\_\_\_ / \_\_\_\_\_

STATE CONTROLLER'S USE ONLY					REV / OBJ	AMOUNT	DIC	CODE SECTION & DESCRIPTION
FUND	AGENCY	FY	SD	USE				
0 0 0 1	0 8 2 0				1 3 1 5 0 0			Health & Safety 11372.5 - General Fund Criminalistics Lab Fee - Health & Safety 11502 State Fines
0 0 0 1	3 5 4 0				1 2 5 2 0 0			Health & Safety 12105 - General Fund Explosive Permit Fees
0 0 0 1	9 9 9 0				1 3 0 9 0 1			Penal Code 290.3 - General Fund (First Conviction)
0 0 0 1	9 9 9 0				1 3 0 9 0 2			Penal Code 290.3 - General Fund (Second & Subsequent Convictions)
0 0 0 1	9 9 9 0				1 6 0 5 0 0			Health & Safety 11489 (24%) - General Fund
0 0 0 1	9 9 9 0				1 6 4 2 0 1			Vehicle Code 40225(d) - General Fund
0 0 0 1	9 9 9 0				1 6 4 0 0 0			Penal Code 1463.22(c) - Uninsured Motorists (\$10 Conviction)
0 9 3 2	0 4 5 0				2 3 6 5 0 1			Trial Court Trust Fund - Government Code 68085 - Filing Fees Superior Court
0 9 3 2	0 4 5 0				2 3 6 5 0 2			Trial Court Trust Fund - Government Code 68085 - Filing Fees Municipal Court
0 9 3 2	0 4 5 0				2 3 6 5 0 3			Trial Court Trust Fund - Government Code 68085 - Filing Fees Consolidated Courts
0 9 3 2	0 4 5 0				2 3 6 5 0 4			Trial Court Trust Fund - Government Code 68085 - Reporter Fees Superior Court
0 9 3 2	0 4 5 0				2 3 6 5 0 5			Trial Court Trust Fund - Government Code 68085 - Reporter Fees Municipal Court
0 9 3 2	0 4 5 0				2 3 6 5 0 6			Trial Court Trust Fund - Government Code 68085 - Reporter Fees Consolidated Courts
0 9 3 2	0 4 5 0				2 3 7 5 0 4			Trial Court Trust Fund - Government Code 68085 (i) - Late Penalty

TOTAL -

TO STATE CONTROLLER: I hereby certify that the foregoing report is a correct statement of the State's share of collections deposited for the month stated above in accordance with Section 12410 of the Government Code. Remittance has been made to the State Treasurer.

(SIGNED)	
OFFICIAL TITLE	
DATE	
CONTACT PERSON	PHONE
ADDRESS	

STATE TREASURER'S ENDORSEMENT
-------------------------------



REMITTANCE ADVISE NUMBER
CO _ _ _ _ _